



Equipment Financing Application

EMAIL
apply@crestcapital.com
FAX
toll-free (888) 391-6728
Phone
toll-free (800) 245-1213

Company Information

Tax returns & financial info NOT required

Business Name

Address

City

State

Zip

Phone

Fax

Officer 1 Name Title

SS #

Ownership %

Officer 2 Name Title

SS #

Ownership %

Bank Reference

Bank Name

Account #

Contact Person

Phone

Borrowing Reference

Required for requests over \$75,000

Lender Name

Phone

Account #

Fax

Equipment | Vehicles | Furniture | Software

\$ _____ new used

Estimated Cost

Description

Seller Name

Seller Phone

24 -or- 36 -or- 48 -or- 60

\$1 -or- 10% -or- FMV

Desired Term (in months)

Purchase Option

Signature below authorizes verification of credit information from whatever source deemed appropriate. Such authorization extends to obtaining business references as well as any/all individual credit report profiles from any national credit reporting agency, as well as authorizes banks, trade/borrowing references and financial institutions to release all credit information requested, and furthermore waives any potential right or claim they may have under the Fair Credit Reporting Act. A copy of this Credit Release Authorization is deemed to be the equivalent of the original.

Signature

Signature

Officer 1 Date

Officer 2 Date